

FEAR OF FLYING

CAPT D. Wear, MC, USN
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***Fear of Flying is a
CONCEPT - not a
diagnosis***

***Once you determine this
may be a problem you can
then sort out any AXIS I
and II issues***

Because the aviator does not present with “fear of flying” you need to be savvy and aware of this concept so you can intervene appropriately and help the aviator (*and keep him/her safe!*)

BACKGROUND

- Flying is a sense of power; it makes the pilot feel in control
- Always a balance between risks vs. rewards
- Those who are *unwilling or unable* to admit to a rational fear use defense mechanisms to reduce the fear
- Frequently a “latent” fear of flying occurs when unhealthy outweigh healthy defense mechanisms

Predisposing Factors

- recurrent training problem
- unhealthy motivation
- career or life goals conflict
- physical or psychological problem

Precipitants

- Professional: job stress, fatigue
- Personal: family, marital problems
- Psychological
 - ⇒ initially healthy defenses may become overwhelmed or distorted if a significant AXIS I Disorder
- Mission Type:
 - ⇒ Low level, night, carrier landings, bombing

- A healthy person can **admit** to the risks and make a conscious well-reasoned decision to continue flying or to quit
- An unhealthy person may recognize the fear but attempts to disguise it through unhealthy defenses
- **This is where the flight surgeon can help the aviator sort out the above**

DEFENSES (conscious)

➤ Avoidance

- choice of aircraft, canceling hops, etc.

➤ Suppression

- conscious control of fear and anxiety:
“forced cool”

➤ Compensation by compulsivity

- can become maladaptive if inflexible

➤ Humor (OK to a point)

➤ (Malingering)

DEFENSES (unconscious)

- **Denial (healthy in moderation)**
- **Identification (OK)**
 - Gain strength from the group
- **Counterphobia**
 - Getting on schedule first volunteering for dangerous missions, etc.
- **Rationalization/Intellectualization**

DEFENSES (unconscious) - cont.

➤ **Projection**

- externalizing one's fears by blaming or criticizing others

➤ **Compulsive Traits**

- can be adaptive or maladaptive

FEAR and defenses at different ages

- **EARLY:** ***NAFOD*** (no apparent fear of death)
- **MID/LATE:** ***MAWLS***
(Middle Age Will to Live Syndrome)

EXAMPLES - a clear cause

- **POST MISHAP**-*to deal with acute anxiety following an aircraft mishap*
 - ✓ incident debriefing (CISD if loss of life)
 - ✓ rapid return to flight operation - discourage long period out of the aircraft
 - ✓ allow member to vent and shore up defenses

EXAMPLES - no clear cause

- Multiple causes
 - family, career, aging, physical problem, introspection, etc
- Unresolved single traumatic event
- PTSD or other psychiatric disorder
- Appropriate diagnostic and treatment interventions
 - **realistic** dispositional options (?NPQ), help member deal effectively with appropriate emotions (anger, guilt, loss, etc)

RELATED AXIS I DISORDERS

Specific Phobia

- Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation
- Exposure to the stimulus almost invariably provokes an immediate anxiety response
- The person recognizes that the fear is excessive or unreasonable

Specific Phobia (cont.)

- The phobic situation is avoided or else endured with intense anxiety or distress
- The avoidance, anticipation, or distress in the feared situation interferes significantly with functioning
- Specify type:
 - Animal, Natural Environment, Blood-Injection-Injury, Situational, other

RELATED AXIS I DISORDERS

Psychological Factors

Affecting Medical Conditions

- A general medical condition (GMC) is present (listed on Axis III)
- Psychological factors adversely affect the GMC in one of the following ways
 - the factors have influenced the course of the GMC as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the GMC

Psychological Factors Affecting Medical Conditions (cont.)

- The factors interfere with the treatment of the GMC
- the factors constitute additional health risks for the individual
- stress-related physiological responses precipitate or exacerbate symptoms of the GMC

Psychological Factors Affecting Medical Conditions (cont.)

- **Coded as** (*Specified Psychological Factor*) **Affecting** (*Indicate the GMC*)
- **Choose name based on nature of the psychological factors**
 - Mental Disorder Affecting . . . , Psychological Symptoms Affecting. . . , Personality Traits or Coping Style Affecting. . . , Maladaptive Health Behaviors Affecting. . . , Stress-Related Physiological Response Affecting. . . , Other Psychological Factors Affecting. . . .

Some Clues

- h/o longstanding ambivalence about flying with poorly defended anxiety
- h/o AUTONOMIC HYPERACTIVITY:
 - tension headaches, ulcers, GI sx, etc.
- h/o flying with symptoms and self-medicating
- waiver - *possible in mild cases*

RELATED AXIS I DISORDERS

Conversion Disorder

- One or more symptoms or deficits affecting voluntary motor or sensory function that suggests a neurological or other general medical condition
- Psychological factors are judged to be associated with the symptoms or deficit because the initiation or exacerbation of the symptom or deficit is preceded by conflicts or other stressors

Conversion Disorder (cont.)

- The sx or deficit is not intentionally produced
- The sx or deficit cannot, after appropriate investigation, be fully explained by a GMC, or by the direct effects of a substance, or as a culturally sanctioned experience
- causes clinically significant distress or impairment
- types (motor, sensory, seizures, or mixed)

Conversion Disorder

- Displacement of anxiety
- evidence of unconscious secondary gain
- overuse of denial
- “La belle indifference”
- symptoms disqualify the aviator despite their protests
- poor prognosis

OTHER RELATED FACTORS

- Always consider Adjustment Disorder dx until sorted out - NPQ while symptoms but no waiver required if clean resolution
- Activity-passivity conflicts - can occur in an aviator/NFO with dependent traits
 - does fine in two-seater but chokes when assigned to a single-seater
 - onset usually noted in a post-training command
 - consider if NAA

OTHER RELATED FACTORS

- ***Family or marital conflicts***

- spouse begins to grow apart or family becomes distant (e.g. no one wants anymore moves, etc.)
- aviator may have to decide to either sacrifice career or lose family
 - Flight surgeon can assist in this process by being a supportive yet uninvolved third party and help arrange family counseling if needed

OTHER RELATED FACTORS

- ***The “Brink of Success” Pattern***

- does well until a few steps from achieving goal
- look at relationship with dad (both fear of success or fear of failure) (that psychobabble castration fear thing)

- ***Accident-Proneess***

- when so perfectionistic that minor failures result in increased loss of confidence, inability to express anger appropriately

FEAR OF FLYING - Summary

- Poorly defended fears present as vague and multiple somatic symptoms, inconsistent or unprofessional behavior, or dysfunctional personal relationships
- Diagnosis and attempting to sort out underlying dynamics are essential
- Tx is *supportive* - may continue to fly if symptoms are minor
- ***CALL US!!!***